

NOTICE OF PLACEMENT

(To be Sent Within 15 Days of Placement)

California Department of Social Services
744 P Street, M.S. 3-31
Sacramento, California 95814

ADA

State Case Number

_____ born on _____ was
NAME OF CHILD AS SHOWN ON RELINQUISHMENT/COURT TERMINATION DOCUMENTS DATE

placed for adoption in the home of _____ (_____)
FULL NAME OF APPLICANT BIRTHDATE

and _____ (_____)
FULL NAME OF APPLICANT BIRTHDATE

at _____ on _____
STREET CITY COUNTY STATE DATE

Had child been listed in California's statewide photo-listing services (California's Waiting Children or California Kids Connection Website)?

☐ No ☐ Yes

Will child receive AAP?

☐ No ☐ Yes ☐ Deferred AAP Benefit Amount \$ _____

Child's Linkage:

- ☐ Age _____ years old at placement
- ☐ Medical or emotional disability _____
SPECIFY
- ☐ Adverse parental background _____
SPECIFY
- ☐ Ethnic/Minority background _____
SPECIFY
- ☐ Sibling Group member

Is the child placed with his or her siblings? ☐ Yes ☐ No

Does the child have Indian Heritage?

☐ No ☐ Yes

If Yes, was the child subject to the provisions of the ICWA?

☐ No ☐ Yes

Placement with

☐ Family ☐ Tribe ☐ Other Indian Family ☐ Non-Indian family

Was placement preference followed?

☐ Yes ☐ No

If No, was court order issued? _____

Was this a cooperative placement?

☐ No ☐ Yes

NAME OF CHILD'S AGENCY	BY (SIGNATURE)	DATE
NAME OF FAMILY'S AGENCY	BY (SIGNATURE)	DATE